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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED	
JUN 2 3 2021	
12 St 5575	

1. Entity ID Number	2 Evart name of	the Compretion	· · · · ·	<u> </u>			
000030393	2. Exact name of the Corporation TRINITY UNITED METHODIST CHURCH						
State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RHODE ISLAND	WORSHIP, MINISTRY IN THE COMMUNITY AND BEYOND						
4. NAICS Code	-						
813110 - Religious Organizati							
	<u> </u>		T.A.,	Tou-t-	Lara		
6. Principal Office Address			City	State	Zip		
375 BROAD STREET			PROVIDENCE	RI	02907		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name LUCIA JACKSON BARCON			Vice-President Name N/A				
Street Address 171 WOOD HAVEN ROAD			Street Address				
City PAWTUCKET	State RI	^{Zip} 02860	City	State	Zıp		
Secretary Name ABRAHAM ALLI	Name ABRAHAM ALLISON Treasurer Name BETTY CLINTON			N			
Street Address 28 BURNSIDE STREET			Street Address 43 PAINE AVENUE				
City CRANSTON	State RI	^{Zip} 02910	City CRANSTON	State RI	^{Zip} 02910		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name RET, BISHOP, REV. DR. JOHN INNIS			Director Name RODNEY CARTER				
Street Address 819 FRANKLIN STREET			Street Address 187 BRIDGHAM STREET				
City WORCESTER	State MA	^{Zip} 01604	City PROVIDENCE	State RI	^{Z₁p} 02907		
Director Name MICHAELYNE WREH-HNE Director			Director Name TAILEY SOLOE				
Street Address 102 SOMERSET STREET, #3			Street Address 190 VEAZIE STREET				
City PROVIDENCE	State RI	^{Zip} 02907	City PROVIDENCE	State RI	^{Zip} 02908		
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative			Date				
BETTY CLINTON				6/21/21			
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

TRINITY UNITED METHODIST CHURCH 2021 ANNUAL REPORT

8. LIST OF ALL DIRECTORES (Name and Address) CONT'D

RUBIEN KOTEA DIRECTOR 91 DOVER STREET CRANSTON, RI 02920